

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14901

State File No.

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne, Egypt, 64 Years</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608. South Elm Street.</u>				d. STREET ADDRESS (If rural, give location) <u>608. South Elm Street.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bessie</u>		b. (Middle) <u>Pearl</u>		c. (Last) <u>Renzelman</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>25</u>		(Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 5, 1888</u>		9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion C. Morrow</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Kamm</u>		14. NAME OF HUSBAND OR WIFE <u>Charles S. Renzelman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas S. Renzelman</u> ADDRESS <u>Norborne Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Essential Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, diffuse</u> DUE TO (c) <u>Hypertension, essential</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>10+ years</u> <u>10+ years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-14-</u> , 19 <u>55</u> , to <u>5-25-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-24-</u> , 19 <u>55</u> , and that death occurred at <u>5:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. O.</u>		23b. ADDRESS <u>272 South Pine</u>		23c. DATE SIGNED <u>5-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAY-27-1955</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Ditch</u>		ADDRESS <u>Norborne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Duitch

Licensed Embalmer No. 3654

P. O. Address Norbone Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.